MULTIPLE DEPENDENT CLAIM SERIAL NO. FILING DATE FEE CALCULATION SHEET 1560,039 (FOR USE WITH FORM PTO-875) APPLICANT(S) **CLAIMS** AFTER AFTER **AS FILED** ("AMERIDMENT AFTER 1 MAMERIBMENT AS FILED AFTER CAMERDMENT. IND. DEP. 1 MAMENDMENT IND. DEP. IND. DEP. IND. DEP. DEP. IND. IND. DEP. @ <u>35</u> A A \$ TOTALECE фa TOTAL DO **∳**¤ **(**¤ TOTAL PTO . 1366 /PTV 1180 U.S. DEPARTMENT of COMMERCE